A study on Challenges Faced with Fomema & Growarisan in Malaysia

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Introduction

Migration is an expression of the human aspiration for dignity, safety and a better future. It is part of the social fabric, part of our very make-up as a human family (Ban Ki-moon, UN Secretary General). According to UN statistics from 2014, there are around 232 million international immigrants in the world, a number which is increasing every year. They are called migrant worker, guest worker or foreign labour and many other names. According to the United Nations, the definition is broad and it may include any persons working outside of their birth country (Soon, 2015).

The influx of foreign workers into Malaysia is not a new phenomenon. Companies of all sizes, from large multinationals to small and medium enterprises rely on foreign land. The country recorded 2.07 million workers holding temporary employment visit pass as at December 31 last year. The migrant workers come from more than 12 countries in Asia with the majority coming from Indonesia, according to Fair Labour Association, an international non-profit collaboration promoting international labour laws. Bangladesh, Nepal, India, Pakistan, Vietnam, Cambodia, Thailand and Philippines also supply a large number of migrant workers population in Malaysia (Soon, 2015).

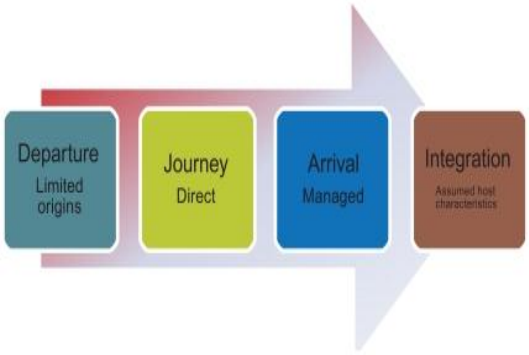
Deputy Human Resource Minister, Datuk Seri Ismail Abdul Muttalib said the entry of foreign workers was driven by the country's dependence on foreign workers in critical sectors which is labour driven. He also added that the lack of interest and high turnover of local workers in

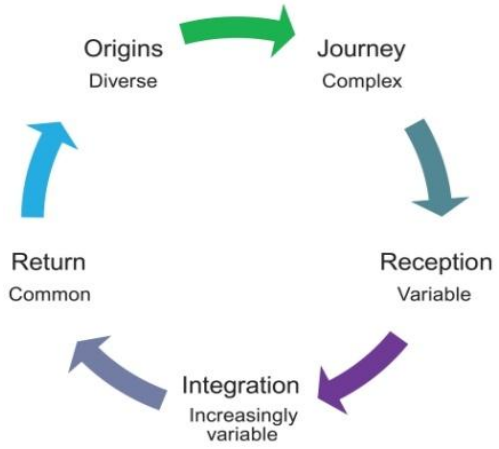
sectors which do not have good prospects for them has forced employers in the country to depend on foreign workers. The evolution of labour force has been influenced by many other factors, for example changes in population size and labour force participation. Most of them work in manufacturing, plantation, construction and agricultural sectors (The ILO in Malaysia, 2015)

Unlike other countries, Malaysia does not face the prospect of a near or medium term decline in its working-age population. The country's fertility rate is still above the replacement level and the working-age population is expected to continue to increase over the next 50 years. However, Malaysia is heavily reliant on foreign labour (Ducanes, 2013).

There are approximately over 3 million foreign workers in Malaysia, 1.8 million of whom are registered and of which, only 75% are covered by workman's compensation schemes. Current compensation payouts for occupational injury and death within the Malaysian schemes are significantly below those of our neighbours including Thailand and Singapore. This leaves us with two problems. First, given our current compensation schemes, Malaysia's image as an employer of foreign labour is at a disadvantage compared to other nations. Second, we face an ever-increasing load of unpaid bills that increases the burden of healthcare costs to the *rakyat*. Between 2005-2009, foreign workers left RM 64 million of unpaid healthcare bill, 19% of which went for care at public hospitals (Economic Transformation Programme: A Roadmap for Malaysia). Therefore it is vital that a proper healthcare screening system is set in place to determine if each migrant worker that comes

to our shores is deemed fit or unfit to work. The below chart indicates the traditional and modern pattern of migration





Traditional Pattern of Migration ***Modern Pattern of Migration***

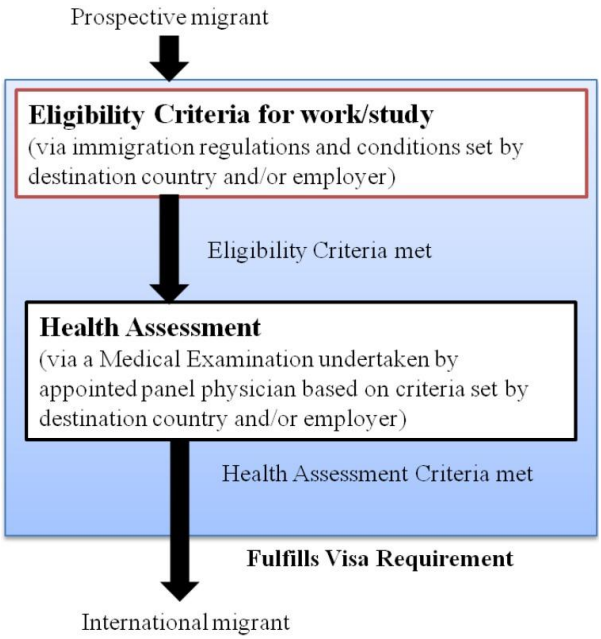
(Source: Gushulak and MacPherson, 2004)

Global Overview

Today, more people are "on the move" than at any other time in recorded history. Although there are many categories of migrants, United Nations' definition of migrants is as "persons born in a country other than that in which they reside in". There are an estimated 232 million international migrants, which, if these were their own country, would be the sixth largest nation in the world. International migration forms a key pillar in globalization. Remittances from migrant workers account for almost 90 percent of the total stock of international migrants, making significant contributions to economic development and foreign exchange reserves. Remittances also contribute to the achievement of the

Millennium Development Goals by reducing poverty through the provision of income at the household level, which is spent on food, shelter, education and health (Burke, Sloane C. and Tchounwou, Paul B, 2014).

Health Assessments (HAs) are an integral part of many labour immigration programmes worldwide. It is essentially a medical examination that is usually conducted by a medical practitioner based on a criteria set by the country or employer of their intended destination. The origin of pre-departure HAs may be traced to their introduction at the end of First World War.The following chart depicts how the Health Assessment (HA) is a linked migration process:



Developed nations with extensive immigration recruitment programmes such as Australia, Canada and the USA also utilize the HA models that are conducted at the migrants' country of origin. It is estimated that, the collectively, five countries of the USA, Canada, Australia,

UK and New Zealand undertake approximately two million immigration medicals annually (Burke, Sloane C. and Tchounwou, Paul B, 2014).

Engaging destination countries and employment agencies in linking their HA mechanisms to national health systems is also essential in "closing the circle" to enable public health gain. In this regard, the role of immigration country-appointed panel physicians/providers in embracing an enhanced public health agenda needs to be emphasized. It is important to ensure that training and technical instruction (TI) guides for panel physicians formulated by the governments of destination countries emphasize partnerships with national health authorities for disease surveillance requirements (as per the country's public health regulations) and ensuring treatment and referral plans for those prospective migrants deemed non-admissible based on health status.

A positive development in recent years has been the formation of an Intergovernmental Immigration and Refugee Health Working Group (IIRHWG) formed in 2005 by the governments of the USA, Canada, Australia, U.K. and New Zealand to establish a global panel doctor network. Efforts are being made to strengthen TB diagnostic and screening networks through shared clinics, quality control standards and ensuing policy and practice coherence. Such initiatives may serve to enhance health system linkages and advocacy to improve migrant health and minimize public health security threats.

This group of five countries have also encouraged the establishment in 2009 of an International Panel Physician Association (IPPA) with the mission "to create, maintain and improve a communication network that will enable all participants to establish standardized medical exams based on best practices; give panel physicians, civil surgeons and health experts the ability to share information resources; and promote research and publication on issues related to health and migration". We underpin the critical role panel physicians can play in leading a possible transformative agenda for immigration HAs.

The obligations of recruited screening providers need to be inspired by the same deontological principles of healthcare of the migrants and global health good, stipulated by the inherent relationship between physician and patient. Additionally, more advocacy and new policies are needed *vis-à-vis* migrant recruiters, so as to better realize the these days much emphasized principles of social responsibility for health, also through the use of migrant and employee HAs.

Asian Regional Experiences

Migrant health issues have risen on the agenda of policymakers in the Asia-Pacific region in recent years, generating momentum at the very highest levels of government. The challenge now is how to translate this momentum into visible changes on the ground. Despite progress on both policy and programmatic fronts, Asian migrant workers continue to face

challenges in accessing health facilities and services at all stages of migration – before departure, while in transit, at destination and upon return.

Moving the policy discourse on migrant health issues forward and ensuring changes on the ground first require disentangling myths from realities. There is a persistent public perception that labour migrants are carriers of diseases or that they are a burden to the health systems of the countries that receive them. The reality, however, is different. Labour migrants are generally young and healthier than the native population and they tend to underutilize health services at destination. Labour migrants' vulnerability to ill health, however, increases during the migration process due to various risk factors such as lack of adequate health insurance, poverty and uncertain legal status (Calderon, Rijks and Agunias, 2012)

Foreign Workers in Malaysia

In Malaysia, however, foreign workers have reported to bring along with them many communicable diseases. According to the Health Minister, the increasing number of foreign workers has been followed by a rise in the prevalence of communicable diseases. According to Unitab Medic, the 2014 results showed that the most prevalent communicable disease among foreign workers was Tuberculosis with 47% or 17,981 suffering from the disease. This was followed by Hepatis B with 11% (4203) workers testing positive for the disease. The company further added that this year's health screenings have seen an average failure rate of 3.1% compared to 2.8% for the entirety of last year (The Malaysian Insider, 2015).

In June 2015, the Deputy Health, Minister Dr. Hilmi Yayha said that the number of foreign workers afflicted with Tuberculosis (TB) spiked to more than 17,000 the year before. He further added that TB cases among foreign workers increased in the last 5 years with 17,981 cases recorded last year compared to 9, 255 in 2010. From 2008 to 2012, most of the unfit foreign workers were suspected of having Tuberculosis followed by Hepatitis B, Syphilis, HIV, malaria and leprosy (Fernandez, NST,2014).

Through the Entry Point Project 1: Mandating Private Health Insurance for Foreign Workers, private medical insurance the Hospitalisation and Surgical Scheme for Foreign Workers (SPIKPA) was made mandatory for all foreign workers, with the exception of domestic maids and plantation workers, to reduce the strain on Malaysia's public healthcare system. Legal foreign workers will also have to undergo a two stage health screening; in their home country before leaving for Malaysia and another one upon arrival. This medical examination includes recording their medical histories, physical examination, systematic examinations, blood tests, urine tests and X-ray examinations. There are cases whereby the worker fails in the second screening here (in Malaysia) after having done a pre-health screening in their home country.

FOMEMA Sdn Bhd was awarded a concession in 1997 by the Government of Malaysia to implement, manage and supervise a nationwide mandatory health screening programme for all legal foreign workers in Malaysia. The objectives of the concession are to ensure that foreign workers in Malaysia are free of any identified list of communicable diseases and to

ensure that Malaysia's public health facilities are not burdened by unhealthy foreign workers with medical conditions or diseases that require prolonged and extensive treatment. Pantai Fomema & Systems Sdn Bhd is the operator of the mandatory health screening system for foreign workers in Malaysia. According to Unitab Medic in a press release, as of February 2015, 179, 004 of foreign workers passed and only 5,657 of them failed the Fomema medical examination, which is equal to 184,661 numbers of foreign workers registered with Fomema. (The Malaysian Insider, March 2015)

Fomema's system was developed by experts in public health and strictly monitored by the Health Ministry. It relies heavily on information technology to ensure the secure transmission, storage and analysis of medical data to minimise human error and prevent any possible unethical manipulation. The other key component is its nationwide panel of medical service providers, which currently comprises of approximately 3,800 doctors, 900 x-rays and 140 laboratories. All its medical service providers are issued with Standard Operating Procedures (SOPs) which specify mandatory steps to verify patient identity, ensure consistency and quality of medical procedures, ensure secure sample-handling and record keeping. An Inspectorate Department (of Fomema) actively carries out surprise visits on its panel of clinics, x-ray centres and labs (Dr. Mohammed Ali, The Star, January 2010).

Survey Methods

Structured interview questions and literature reviews were the primary methods used in this descriptive analysis. The structured interview questions on FOMEMA were sent out to General Practitioners from a total of 11 states and Federal Territory in Malaysia – Kedah, Pulau Pinang, Perak, Selangor, Negeri Sembilan, Melaka, Johor, Pahang, Terengganu, Kelantan, Sarawak and also Wilayah Persekutuan, and as for Sabah a separate survey was asked on Growarisan. The methodology employed for the interview phase was convenience sampling whereby the doctors have indicated interest to participate in the survey. The purpose of this interview was to identify the following:

1. Foreign Workers in Malaysia: The Current Medical Screening Process
2. Benefits and challenges faced by General Practitioners (GPs) with FOMEMA
3. Recommendations to move forward

A total of 336 GPs were interviewed for this study. In addition, this study also compiled findings discussed in various other documents such as journals, articles and other published documents etc.

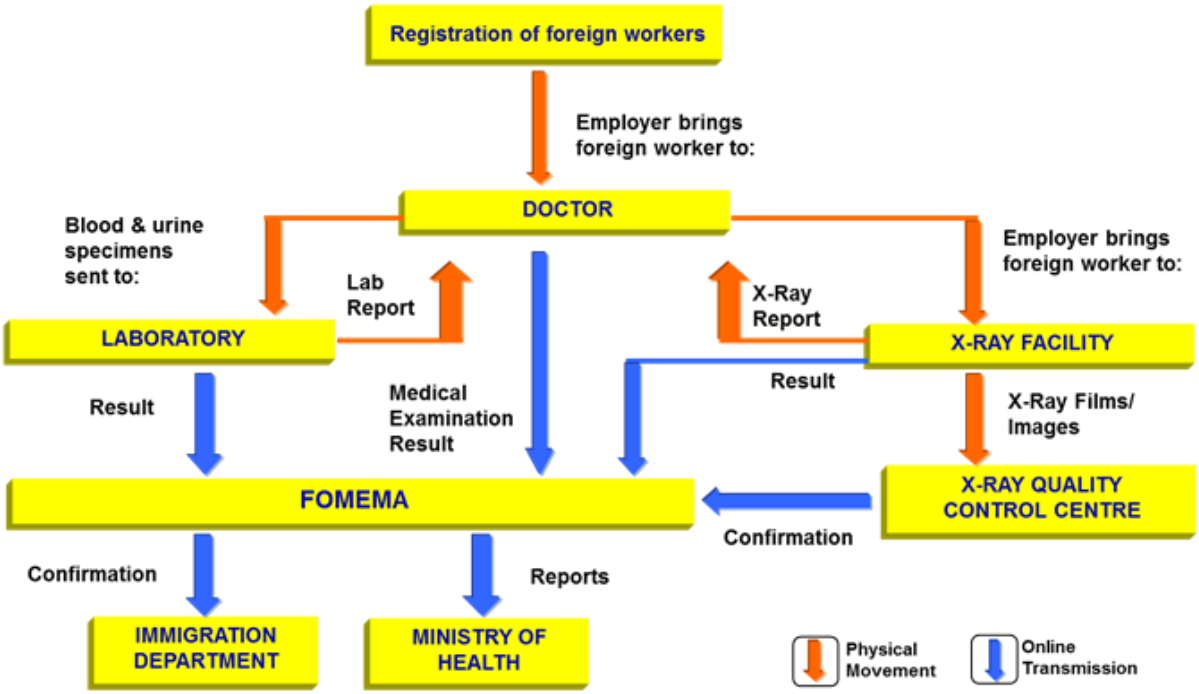
Survey Findings

In general, findings of this survey revealed that although the role of FOMEMA is deemed very important in ensuring migrant health and detect communicable diseases among foreign workers to minimise the burden on public health facilities, there is still some room for improvement. GPs in this survey expressed some of their concerns and grievances in the

hope for an improved partnership. The ultimate goal is to ensure that the Fomema's objectives are met and GPs are able to cope physically and financially with the demands of this task.

Foreign Workers in Malaysia: The Current Medical Screening Process

The below chart depicts the Medical Screening Process in Malaysia



The system is designed and managed by medical professionals with high-level domain expertise in public health, occupational health, radiology, laboratory services and other related specialties. Medical Examination Result can be obtained online. Foreign workers certified "UNFIT" shall be repatriated to home country at the earliest instance, with or

without appeal to FOMEMA. Only those who are certified “FIT” shall be allowed to continue employment in Malaysia.

The main features of this system is that there is a centralised registration and payment system with standard fees. Employers' get a choice of the registered doctor for their foreign workers' medical examination. The standardised medical examination carried out is based on a format as stipulated by the Ministry of Health. Medical. Certifications of the suitability of foreign workers for employment in Malaysia is also based on the criteria set by the Ministry of Health. The medical examinations are monitored and supervised through IT surveillance and inspectorate activities. The medical reports from doctors, X-ray facilities and laboratories are submitted independently and electronically to FOMEMA. Re-transmissions of medical status of foreign workers are transmitted electronically to Immigration Department Headquarters to facilitate issuance of work pass or deportation. The medical examination must be carried out within 30 days from the date of registration. Details of medical examination covered under our system as stipulated by the Ministry of Health are as follows:

Medical History On:

HIV/AIDS	Tuberculosis	Leprosy	Viral Hepatitis
Psychiatric Illnesses	Epilepsy	Cancer	Sexually Transmitted Diseases
Malaria	Hypertension	Heart Diseases	Bronchial Asthma
Diabetes Mellitus	Peptic Ulcer	Kidney Diseases	... and others

Physical Examination:

Cardiovascular System	Respiratory System
Gastrointestinal System	Nervous System
Mental Status	Genitourinary System

Laboratory Tests:

Blood Test	For blood grouping (A,B, AB, or O and Rh)
	For HIV, Hepatitis B, VDRL and Malaria
Urine Tests	For colour, specific gravity, sugar, albumin and microscopic examination
	For opiates, cannabis and pregnancy (for female)

X-ray Examination:

Chest X-ray	Physical examination of the foreign worker must be carried out first before chest X-ray examination.

Benefits of Fomema and Challenges Faced by General Practitioners (GPs)

When asked about the challenges faced by the GPs in their work relationship with Fomema, a few common problems were highlighted. One of which was regarding the x-ray costs. Fomema requires its panel doctors to submit every x-ray film within two weeks of the examination to Fomema's X-ray Quality Control Centre (XQCC) in Kuala Lumpur. On average, the XQCC receives 90,000 to 100,000 x-ray films monthly and these films are reviewed for quality and accuracy of diagnosis by technical and medical experts. This process usually takes around two weeks and any identifies issues are resolved immediately with the respective doctors and subsequently all stakeholders are duly informed.

The GPs interviewed stated that the cost of each x-ray is approximately RM 50- RM66 and Fomema only pays RM 25 per worker. It was expressed that Fomema refused to acknowledge the rising cost of x-ray facilities and this leads to the "out of pocket" expenses for GPs. The x-ray allocations via Fomema is without limit and termination of this service by GPs may cost them to lose out on providing medical sevices.

In addition to the rising cost of x-rays yet refusal to increase payment from Fomema, GPs are now expected to upgrade to digital x-ray services. According to a respondent, over the last two years, service providers have been asked to adhere to this upgrade request or risk the x-ray allocations being withdrawn. This led to many GPs spending approximately RM 60k for the upgrade with no sign of payment increase from Fomema. In addition, GPs have to pay approximately RM 4 to a third party to transmit each x-ray. GPs also stressed that it

is irrelevant to conduct a CME for x-rays on a yearly basis as most doctors have already achieved excellent x-ray quality performances.

Fomema is also said to be contemplating that each x-ray report is to be done by a Radiologist, at the expense of the GP. This adds to the GP's financial strain. GPs also stressed that hiring of such positions is difficult especially for clinics far away from the city. Most of them are also overqualified to handle simple x-rays and may find their work less than challenging. Lower salaries will also not attract suitable candidates. A fresh out of college candidate will take up to 3 months to train due to high turnovers.

GPs have also expressed their concern about unfair distribution of cases based on kickbacks. According to a few respondents, the distribution is determined by the employers or their agents and therefore some GPs have quota overflow whereas other may have zero. Some GPs have expressed that they are unable to meet the quota whereas others have expressed otherwise. GPs in Sabah stated that Growarisan's (Equivalent to Fomema) quota is 600 per year and this is considered too high. Doctors in town usually see less than 100 workers per year. This issue of kickback have been highlighted to the respective officers by GPs during the visit by Central Fomema to their clinics.

The implementation of a biometric verification at GP clinics is another matter that was brought up. Biometric verification is any means by which a person can be uniquely identified by evaluating one or more distinguishing biological traits. Unique identifiers include fingerprints, hand geometry, earlobe geometry, retina and iris patterns, voice waves, DNA, and signatures. The oldest form of biometric verification is fingerprinting. The

equipment is said to be given to GPs on loan with a yearly fee. This in turn increases the GPs yearly expenditure.

Unfortunately, the increase of expenditure arising from all the added services requested by Fomema as stated above does not go hand-in-hand with an increase in medical consultation fee. This, therefore, makes it difficult for GPs who wish to continue providing healthcare and medical services in line with Fomema's objective to prevent the spread of communicable diseases within the country.

Despite the above challenges faced by GPs in their work relationship with Fomema, it is important to note that both parties are important to ensure that this system runs smoothly. A well-run medical screening process for foreign workers will ensure the prevention of the spread of identified communicable diseases. This will also lead to lower incidence of imported diseases and lower related morbidity and mortality rates.

Workers that are healthy helps reduce absenteeism due to illness and therefore increasing productivity. A reduction in healthcare cost to employers, taxpayers and the Government as a result of a healthier foreign workforce leads to a better use of local public health facilities for the citizens. There is also a standard medical fee with no compromise on quality with a greatly reduced level of abuse of the medical examination procedure.

The transmission of medical results are done independently and electronically, thus averting physical handling or tampering of medical reports by employers or agents thus ensuring integrity of the health-screening system. Centralised electronic transmission of results to

facilitate the employers' application or renewal of their foreign workers' permit in often done a timely manner. This enables Government authorities to have access to a centralised database, providing timely information and vital statistics relating to communicable diseases to facilitate immediate counter-action and prevention activities.

Quantitative Survey Results

A nationwide short quantitative survey has been conducted to determine the level of satisfaction with the services provided by FOMEMA. A structure questionnaire was distributed by mail to all GPs with FOMEMA facilities. After two weeks, a total of 336 GPs agreed to participate in the survey by returning the survey form. Among them, majority (22.9%) were from Selangor state, followed by Kuala Lumpur (11.3%) and Johor (11.3%) while Putrajaya, Perlis and Labuan had the least participating GPs with two apiece (Table 1). In terms of the areas, approximately half of the clinics were located at semi-urban settings while another 28.6% were in urban settings.

Table 1: Distribution of GP surveyed in the study (n=336)

Characteristics	n	%
State		
Selangor	77	22.9
Kuala Lumpur	38	11.3
Johor	38	11.3
Penang	28	8.3
Kedah	27	8.0
Negeri Sembilan	26	7.7
Pahang	22	6.5
Perak	17	5.1
Kelantan	15	4.5
Sabah	15	4.5
Melaka	15	4.5

Terengganu	8	2.4
Sarawak	4	1.2
Putrajaya	2	0.6
Perlis	2	0.6
Labuan	2	0.6
Area		
Urban	96	28.6
Semi-urban	168	50.0
Industrial/in-house	5	1.5
Rural	36	10.7
Solo practitioner	19	5.7
Big group practice	10	3.0
Small group practice	2	0.6

Table 2 presents the GP's perception on the quality of services offered by FOMEMA. A large proportion of them (87.2%) felt that the current fee allotted from FOMEMA is far below the recommended fee as stipulated by the MOH. In addition, they also felt that the high volume of cases in exchange for lower fee is against the medical ethics and should not even be considered as part of the negotiation (89.9%). With the current system, the GPs perceived that it allows for plenty of discrepancies to happen (76.6%).

Table 2: GP's perception on the quality of service offered by FOMEMA (n=336)

No.	Statement(s)	Strongly Disagree n (%)	Disagree	Neutral	Agree	Strongly Agree
1.	The current fee allotted for Fomema is far below the recommended fee in the schedule proposed by Ministry of Health.	2 (0.6)	4 (1.2)	37 (11.0)	121 (36.0)	172 (51.2)
2.	The high volume of cases in exchange for low fee is against the ethics of medical profession.	1 (0.3)	4 (1.2)	29 (8.6)	146 (43.5)	156 (46.4)
3.	The current system in Fomema allows lots of discrepancies to take place.	1 (0.3)	8 (1.7)	69 (20.5)	151 (44.9)	107 (31.8)

4.	Only a Radiologist is required to interpret x-rays.	38 (11.3)	88 (26.2)	71 (21.1)	95 (28.3)	44 (13.1)
5.	Digital x-ray services are badly needed to provide services by Fomema.	24 (7.1)	60 (17.9)	133 (39.6)	88 (26.2)	31 (9.2)
6.	The appointment of panel clinics should be more transparent.	3 (0.9)	1 (0.3)	30 (8.9)	155 (46.1)	147 (43.8)
7.	The current quota of cases allotted to each clinic is fair and transparent.	55 (16.4)	81 (24.1)	97 (28.9)	78 (23.2)	25 (7.4)
8.	Visits by Fomema Central are important to raise issues on concern.	5 (1.5)	14 (4.2)	83 (24.7)	182 (54.2)	52 (15.5)
9.	Fomema Central always conducts a follow-up on every issue raised by GPs during their site visit.	22 (6.5)	77 (22.9)	124 (36.9)	94 (28.0)	19 (5.7)
10.	The implementation of biometric verification of foreign workers equipment in the clinics is important.	24 (7.1)	19 (5.7)	99 (29.5)	137 (40.8)	57 (17.0)

On issues related to X-ray service, the GPs were relatively divided with less than half felt that radiologists are needed to interpret the X-ray films for medical professionalism (41.4%). They also did not think that digital X-ray service is a must in order to provide services as a panel clinic for FOMEMA with only 35.4% either agreed or strongly agreed to the statement. However, on issue related to transparency, 89.9% of them agreed that the process of appointment of panel clinic should be transparent. This is important to ensure that the potential GPs are made known of the requirements to qualify and each application is processed with fairness.

In terms of case allocation, about 40.5% perceived that the process is unclear and may have element of biasness. Majority of the GPs felt that it is very important for FOMEMA to have regular visit to allow them to raise important issues of concern (69.7%). The current follow-up services may require strengthening as only 33.7% agreed or strongly agreed that

FOMEMA are doing an excellent job on this. Last but not least, slightly more than half (57.8%) of the GPs agreed that the introduction of biometric verification of foreign workers equipment in the clinics is important.

During the survey, the GPs were also given an opportunity to raise their concerns and related issues pertaining to the FOMEMA services. Table 3 shows a collection of the common issues raised by the GPs. Among them, the most frequently mentioned issue was unfair case distribution. The GPs were unclear on how cases are allocated and felt that there might be element of biasness during the process. As such, it is important for FOMEMA to introduce a clear and transparent process to demonstrate fairness in this area. Besides that, low consultation fee is another matter of concern raise by 5.7% of the GPs participated in the survey. One of the GPs mentioned the fact that the current fee structure has not been revised for more than 10 years and thus deserve a review to keep up with the rising cost of operation. Other issues that made the list were issues related to transparency, low fee for X-ray services, late payment and other administrative issues.

Table 3: Issues highlighted by GP (n=336)

Issues	**n**	**%**
Unfair case distribution	28	8.3
Low consultation fee	19	5.7
Transparency	8	2.4
X-ray service fee too low	7	2.1
Late payment	3	0.9
Tedious process and case management	2	0.6
Courses by FOMEMA is too regular	2	0.6
Changes to panel lab made without proper notification	1	0.3

GROWARISAN

Survey Results

A short survey has been conducted to determine the level of satisfaction with the services provided by GROWARISAN in Sabah state. A structure questionnaire was distributed by mail to all GPs with GROWARISAN facilities. After two weeks, a total of 28 GPs agreed to participate in the survey by returning the survey form. Table 4 shows the distribution of areas covered by clinics with GROWARISAN facilities which were mainly scattered in urban area (46.4%). Both semi-urban and rural areas had the same distribution with 25.0%.

Table 4: Distribution of GP surveyed in the study (n=28)

Characteristics	N	%
State		
Sabah	28	100.0
Area		
Urban	13	46.4
Semi-urban	7	25.0
Rural	7	25.0
Solo practitioner	1	3.6

Table 5 presents the GP's perception on the quality of services offered by GROWARISAN in Sabah. A large proportion of them (96.5%) felt that the current fee allotted from GROWARISAN is far below the recommended fee as stipulated by the MOH. In addition, they also felt that the high volume of cases in exchange for lower fee is against the medical ethics and should not even be considered as part of the negotiation (92.9%). With the

current system, the GPs perceived that it allows for plenty of discrepancies to happen (89.3%).

Table 5: GP's perception on the quality of service offered by GROWARISAN (n=28)

No.	Statement(s)	Strongly Disagree n (%)	Disagree	Neutral	Agree	Strongly Agree
1.	The current fee allotted for Growarisan is far below the recommended fee in the schedule proposed by Ministry of Health.	0 (0.0)	0 (0.0)	1 (3.6)	5 (17.9)	22 (78.6)
2.	The high volume of cases in exchange for low fee is against the ethics of medical profession.	0 (0.0)	0 (0.0)	2 (7.1)	4 (14.3)	22 (78.6)
3.	The current system in Growarisan allows lots of discrepancies to take place.	0 (0.0)	0 (0.0)	3 (10.7)	18 (64.3)	7 (25.0)
4.	A Radiologist is required to interpret x-rays.	3 (10.7)	3 (10.7)	19 (67.9)	3 (10.7)	0 (0.0)
5.	Digital x-ray services are badly needed to provide services by Growarisan.	3 (10.7)	15 (53.6)	6 (21.4)	3 (10.7)	1 (3.6)
6.	The appointment of panel clinics should be more transparent.	1 (3.6)	0 (0.0)	17 (60.7)	5 (17.9)	5 (17.9)
7.	The current quota of cases allotted to each clinic is fair and transparent.	2 (7.1)	3 (10.7)	7 (25.0)	16 (57.1)	0 (0.0)
8.	Visits by Growarisan Central are important to raise issues on concern.	0 (0.0)	1 (3.6)	4 (14.3)	21 (75.0)	2 (7.1)
9.	Growarisan Central always conducts a follow-up on every issue raised by GPs during their site visit.	1 (3.6)	7 (25.0)	18 (64.3)	2 (7.1)	0 (0.0)
10.	The implementation of biometric verification equipment in the clinics is important.	1 (3.6)	3 (10.7)	18 (64.3)	5 (17.9)	1 (3.6)

On issues related to X-ray service, the GPs were relatively divided with most of them (67.9%) remained neutral on whether or not radiologists are needed to interpret the X-ray films for

medical professionalism. They also did not think that digital X-ray service is a must in order to provide services as a panel clinic for FOMEMA with 64.3% either disagreed or strongly disagreed to the statement. However, on issue related to transparency, only 35.8% of them agreed that the process of appointment of panel clinic should be transparent. This is important to ensure that the potential GPs are made known of the requirements to qualify and each application is processed with fairness.

In terms of case allocation, about 57.1% perceived that the process is unclear and may have element of biasness. Majority of the GPs felt that it is very important for GROWARISAN to have regular visit to allow them to raise important issues of concern (82.1%). The current follow-up services may require strengthening as only 7.1% agreed or strongly agreed that FOMEMA are doing an excellent job on this. Last but not least, majority (64.3%) of the GPs neither agreed nor disagreed that the introduction of biometric verification of foreign workers equipment in the clinics is important.

During the survey, the GPs were also given an opportunity to raise their concerns and related issues pertaining to the GROWARISAN services. Table 3 shows a collection of the common issues raised by the GPs. Among them, the most frequently mentioned issue was for GROWARISAN to have a regular review system (57.1%). The GPs would like to have a structured system in place to review the existing practices and ensure that their issues and concerns are addressed promptly. Besides that, the GPs also suggested that more comprehensive options are made available in terms of the panel laboratories and X-ray facilities so that a more competitive environment can be introduced to improve the quality

of the services provided. Low consultation fee is another matter of concern raise by 7.1% of the GPs participated in the survey. One of the GPs mentioned the fact that the current fee structure has not been revised for more than 10 years and thus deserves a review to keep up with the rising cost of operation.

Table 6: Issues highlighted by GP (n=28)

Recommendations	n	%
Regular review system	16	57.1
More options of laboratories & X-ray facilities	13	46.4
Better customer service centre	3	10.7
Revise consultation fee	2	7.1
Remove agent/middle person asking for commission	1	3.6
Abolish Growarisan. Open panel system	1	3.6
Remove hidden charges	1	3.6

The survey also managed to gather some recommendations proposed by the GPs themselves as shown in Table 7. The recommendation that top the list is to revise the current case distribution process to ensure that fairness is introduced. Slightly more than half of the GPs felt that the existing case allocation system is unfair and not properly vetted. On another matter, the GPs also raised concern regarding the sudden change of panel laboratories without proper notification and thus creating confusion for their practices. Other recommendations include a more transparency administration and revision of the current consultation fee to keep up with the rising cost of operation.

Table 7: Recommendations suggested by GP

Recommendations	n	%
Unfair case distribution	15	53.6
Changes to panel laboratories made without proper notification	9	32.1
Transparency	2	7.1
Low consultation fee	1	3.6

Recommendations

Based on the problems and challenges brought forth by the respondents and discovered during the literature reviews, this study is able to highlight a few recommendations. Fomema and GPs should come together and voice out their concerns and provide solutions and recommendations. The visits by Central Fomema should also be used as an opportunity for frank and open discussions. A proper and consistent follow-up should be done after every visit. Until such scenarios exists, parties involved in monitoring and using the services provided by Fomema have to be constantly aware of the changes in healthcare practices and expenditures and possible exploitation or mismanagement of Fomema.

On a wider scope, strengthening of inter-sectoral collaboration at the national level and strengthening cross-border cooperation between countries of origin and destination is also important. Labour, migration and health policies at the national level should also be reviewed to ensure policy coherence. It is also important to recognize that migrant workers are not a homogenous lot. In terms of just skills and legal status, they encompass a wide spectrum, from high-skilled workers holding flexible residency visas and high-paid and stable jobs on one end to undocumented workers in low-wage sectors enjoying almost no residence or job security on the other end.

The survey also managed to gather some recommendations proposed by the GPs themselves as shown in Table 8. The recommendation that top the list is to revise the

current consultation fee with 8.0% of them suggested that. On another matter, the GPs also recommended that FOMEMA have more options of laboratories and X-ray facilities to ensure better quality of services delivered by introducing more competition. A handful of them also suggested FOMEMA to have better customer service support and a regular review system to troubleshoot existing problems and concerns raised by member GPs. Other recommendations include the removal of hidden charges, proper documentation system and the removal of agent or middle person that requires that GPs to pay commission to them in order to receive case referral.

Table 8: Recommendations suggested by GP

Recommendations	n	%
Revise consultation fee.	27	8.0
More options of laboratories & X-ray facilities.	15	4.5
Better customer service centre.	8	2.4
Regular review system.	5	1.5
Respect doctors' right to the choice of treatment and medications.	5	1.5
Remove agent/middle person asking for commission.	5	1.5
Remove hidden charges.	4	1.2
Proper documentation system.	1	0.3
X-ray facilities far away from clinic.	1	0.3
Clinic with X-ray facility should be given higher quota of patients.	1	0.3
Abolish FOMEMA. Open panel system.	1	0.3

Summary

This is a general study on the problems and challenges faced by GPs in Malaysia with regards to Fomema services. The outcome of this study provides insight into the everyday challenge of the medical screening process with Fomema. The findings will hopefully be used as evidence for health policy makers to seriously look into the management of Fomema for the betterment of the healthcare of our migrant workers. The study focuses on

the challenges faced by GPs who are providing the services but it may serve as a platform to assess the magnitude of this problem and its impact on the patients. Further study is vital to understand the overall impact of Fomema services in the country because its growth has many implications for patients, doctors, employers, medical education and research. .

When we compare the total population of Malaysia with the demand for labor in the current market, it is obvious that Malaysia is still in need of foreign workers in order to maintain economic growth. The construction, plantation and services sectors at the moment are highly dependent upon foreign labor. The influx of foreign workers is inevitable. It will take time to satisfy the demand for labor and the supply. The present foreign workers are still relevant in terms of Malaysia economic interests and therefore their healthcare should also be made our nation's priority.

References

Burke, Sloane C. and Tchounwou, Paul B. (2014). Can Migration Health Assessments Become a Mechanism for Global Public Health Good? *International J Environ Res Public Health*, 11(10) pp 9954-9963

Calderon, J., Rijks, B. and Agunias, DR. (2012). Asian Labour Migrants and Health: Exploring Policy Routes, *Issue in Brief*

Ducanes, Geoffrey. (2013). Labour Shortages, Foreign Migrant Recruitment and the Portability of Qualifications in East and South-East Asia, *Asia-Pacific Decent Work Decade*

Fernandez, Elvina. Sick Tide: Illnesses that are no longer common in Malaysia making a comeback, *New Straits Times*

Economic Transformation Programme: A Roadmap for Malaysia

Gushulak BD, MacPherson DW. (2004). Population mobility and health: an overview of the relationships between movement and population health. Journal of Travel Medicine. 2004;11(3):171–178

Soon, TW. (2015), Migrant Workers: Malaysia's Invisible Workforce, *Malaysian Digest*

The ILO in Malaysia (2015), The Asia Pacific Decent Work Decade

Zaleha M.D, Noraini I., Rusmawati S. and Suhaila AJ. (2011). The Impact of Foreign Workers on Labour Productivity in Malaysian Manufacturing Sector, *Journal of Economics and Management* 5(1): 169-178

Dr. Mohammed Ali Abu Bakar. 2010. Fomema Takes Medical Screening of Foreign Workers Seriously. *The Star*